STATE OF WISCONSIN, CIRCUIT COURT,	COUNTY	For Official Use
State of Wisconsin, Plaintiff -vs, Defendant	Order of Commitment (Not Guilty by Reason of Mental Disease or Defect)	
	Case No.	
Date of Birth		
Defendant's: Telephone Number Address (Include municipality and county)		
Address (include municipality and county)		
Present Location (Include municipality and county)		
THE COURT FINDS:		
 The defendant was found not guilty by reason of modernia. Crime(s) 	•	g crime(s): s) Committed
 2. At least one of the crimes is a misdemeanor and t authorized by penalty enhancers, is		
after July 30, 2002 and the maximum term of imprisonment for the crienhancers, is: ☐ life. ☐ life plus years 4. The crime (or at least one of them if more than on requirements and penalties under §941.29, Wisco	years, mont be) is a felony and the court has inform onsin Statutes, related to possession court has be) is a violent felony and the court has	hs, days. ned the defendant of the of a firearm. s informed the
THE COURT ORDERS:		
 Judgment of not guilty by reason of mental diseas The defendant committed to the Department of Helling life. years, months, confinement/imprisonment that could be imimprisonment authorized by any penalty en 	ealth Services (DHS) for: _ days, which does not exceed the manposed on an offender convicted of the shancer.	aximum term of e same felony(ies), plus
years, months, term of imprisonment that could be impose including imprisonment authorized by any p 3. This commitment is consecutive to any other §	d on an offender convicted of the sample of	ne misdemeanor(s),
(date) which is concurrent with		ices on
4. The defendant be granted days credit5. The clerk to provide DHS a copy of the most received		reports.
o. The downer provide 2112 a copy of the most resolu	·	- opono:
Distribution: 1. Court (Original)	BY THE COURT:	
2. District Attorney	Circuit Court J	udae
 Defense Attorney Department of Health Services 	Chedit Court 3	uugo
5. Department of Corrections6. §51.42 Board (where defendant resides)	Name Printed or	Typed
7. Sheriff (where defendant resides)8. Municipal Police Department (where defendant resides)	Date	
o. maniopar i onoo Dopartinoni (whore defendant resides)		